

D ARATION FOR PATENT APPLICATION

Attorney Docket No: **51207-1030**

As the below named inventor, I hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names.

We believe we are the original, first, and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled **SYSTEM AND METHOD FOR EXCEPTION HANDLING**, the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____.
☐ was filed on _____ under U.S. Express Mail No. _____.
☐ is set forth in PCT International Application No. _____;
filed on _____ and as amended Under PCT Article 19 on _____ (if any).

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I/we acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim the benefit under Title 35, United States Code, §119 of any United States provisional patent application, foreign application(s) for patent or inventor's certificate listed below and have also identified below any United States provisional patent application, foreign application for patent or inventor's certificate having a filing date before that of the above-identified application on which priority is claimed: **U.S. Provisional Patent Application Ser. No. 60/193,422, filed March 31, 2000; and German Patent Application No. 00106948.3-2201, filed March 31, 2000**

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States patent application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: **U.S. Utility Patent Application entitled "Customer Care and Billing System" filed March 28, 2001 and having Attorney Docket No. 51207-1070**

I/we hereby appoint the following attorneys/agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **George M. Thomas, Reg. No. 22,260; James W. Kayden, Reg. No. 31,532; Scott A. Horstemeyer, Reg. No. 34,183; Stephen R. Risley, Reg. No. 35,659; Jeffrey R. Kuester, Reg. No. 34,367; Daniel J. Santos, Reg. No. 40,158; Michael J. Tempel, Reg. No. 41,344; Daniel R. McClure, Reg. No. 38,962; Robert E. Stachler II, Reg. No. 36,934; David P. Kelley, Reg. No. 17,420; Reg. No. 41,344; David R. Risley, Reg. No. 39,345; Jon E. Holland, Reg. No. 41,077; Dan R. Gresham, Reg. No. 41,805; J. Scott Culpepper, Reg. No. 41,692; M. Paul Qualey, Reg. No. 43,024; Robert P. Biddle, Reg. No. 35,826; Robert A. Blaha, Reg. No. 43,502; Jennifer M. Gruber, Reg. No. 42,601; Raymond W. Armentrout, Reg. No. 45,866; Cynthia J. Lee, Reg. No. 46,033; N. Andrew Crain, Reg. No. 45,442; Monica A. Winghart, Reg. No. 46,790; Sami O. Malas, Reg. No. 44,893; Marianne H. Parker, Reg. No. 46,165; Eric M. Ringer, Reg. No. 47,028; Larry E. Thompson, Reg. No. 41,346; Adam E. Crall, Reg. No. 46,646; William F. Heinze, Reg. No. 36,161.**

Please address all telephone calls, in the first instance, to Robert E. Stachler, II at telephone number: (770) 933-9500.

Address all correspondence to:

Robert E. Stachler, II
**THOMAS, KAYDEN, HORSTEMEYER
 & RISLEY, L.L.P.**
 100 Galleria Parkway, N.W., Suite 1750
 Atlanta, Georgia 30339-5948

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature: _____ Date: _____

Full Name of First or Sole Inventor: **Horst Biller**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **H. Engeli**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Dr. Helmut Hagenschulte**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Michael Meadows**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Jochen Kappel**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Peter Schneider**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Ralf Scholler**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **T. Lorber**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Serge Lusser**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Ch. Mühlan**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **T. Huffman**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **J. Linhart**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **J. Niewiadomy**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Kay Wolfe**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Michael Sellers**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Jane Hawkins**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Pat Janas**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Alan Shealy**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **David Busse**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **P. Rao**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **B. Mohan**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Dale Elliott**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Elena Davidovitch**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **J. Clements**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Mark Schurmann**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Shubao Ye**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Norma Musciotto**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Doug Day**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Bimal Patel**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Sonya Wood**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Qin Zhou**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Niel M. Bornstein**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **J. Innes**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **V. Trivedi**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Cristian Jansenson**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **C. Bartmann**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **M. Gercke**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **P. Cella**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **Lothar Jakobs**

Residence: _____ Citizenship: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Joint Inventor: **June Law**

Residence: _____ Citizenship: _____

Post Office Address: _____